

Wisconsin Uniform Placement Criteria WI-UPC

**ADULT
ASSETS AND NEEDS CRITERIA**

for

**INTOXICATION MONITORING & WITHDRAWAL
SERVICES**

LEVEL D-1**NON-MEDICAL, NON-AMBULATORY INTOXICATION MONITORING SERVICE**

A service providing 24 hour per day observation by non-medical staff to monitor the safe resolution of alcohol and/or sedative intoxication and to monitor for the development of withdrawal symptoms.

ASSETS

All of the following assets must be present.

NEEDS

One or more of the following needs must be present.

A. PLACEMENT CRITERIA**DIMENSION I**

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| 1. Patient is not incapacitated. | 1. Patient is functionally impaired due to alcohol and/or sedative intoxication. |
| 2. Patient is not functionally impaired due to intoxication with substances other than alcohol and/or sedatives. | |
| 3. Patient is not evidencing opiate withdrawal symptoms. | |
| 4. Patient is not evidencing alcohol and/or sedative withdrawal symptoms in the <i>mild</i> range or above. | |
| 5. Available information (self report or collateral source, <i>including patient records</i>) does not indicate a history of <i>moderate</i> or above withdrawal following episodes of alcohol and/or sedative use similar to the one currently described. | |

DIMENSION II

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| 1. Patient does not demonstrate the presence of any physical and/or mental health conditions or complications which require hospitalization per physician screen or consultation. | |
| 2. Patient does not demonstrate the presence of any physical and/or mental health conditions or complications which create a significant medical or safety risk to self or others. | |

DIMENSION III

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| 1. Patient does not demonstrate the presence of any emotional conditions and/or behavioral patterns which create a significant safety risk to self or others. | |
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DIMENSION V

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| | 1. Patient has no family and/or community support systems which have the capacity and willingness to understand withdrawal care instructions and to assist the patient in safely resolving current alcohol and/or sedative intoxication. |
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B. OTHER REASONS TO DISCHARGE

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| 1. Patient has recovered from acute alcohol and/or sedative intoxication. |
| 2. Patient is unwilling to cooperate with service offered and leaves Against Staff Advice (ASA). |
| 3. Patient is evidencing alcohol and/or sedative withdrawal symptoms in the <i>mild</i> range or above. |

**LEVEL D-2
AMBULATORY WITHDRAWAL**

A medically managed or medically monitored structured withdrawal service, delivered on an outpatient basis and provided by a physician or other health care professional acting under the supervision of a physician.

ASSETS <u>All of the following assets must be present.</u>	NEEDS <u>One or more of the following needs must be present.</u>
A. PLACEMENT CRITERIA	
DIMENSION I	
1. Patient is not functionally impaired due to intoxication with any mood-altering substance.	1. Patient is evidencing alcohol and/or sedative withdrawal symptoms in the mild range.
2. Patient is not incapacitated.	2. Patient's withdrawal symptoms have responded (or are likely to) to medically administered substitute doses of sedatives and/or hypnotics in an appropriate therapeutic range within 2 hours.
3. Patient is not evidencing alcohol and/or sedative withdrawal symptoms in the moderate range or above.	3. Although patient is not currently evidencing moderate or above withdrawal symptoms, there is a risk of moderate or above withdrawal based upon: - a history of this condition while experiencing withdrawal from a similar amount of alcohol and/or sedatives - patient has had no significant (24 consecutive hours) substance free intervals over the past 30 to 60 days - daily use of sedatives and/or hypnotics for a period of over six months, in combination with daily alcohol use
4. Patient is not evidencing opiate withdrawal symptoms in a Grade 3 range or above.	4. Patient is evidencing opiate withdrawal symptoms in a Grade 2 range.
5. If patient's history indicates heavy stimulant use over the past thirty days, there is no evidence (self report or collateral source, including patient records) to indicate any of the following: - significant hyper-somnolence - significant lethargy - suicidal thinking	5. Patient's withdrawal symptoms in the mild range have not stabilized or decreased by the end of the period of observation and monitoring, which may be up to 23 hours.
	6. Patient meets criteria for admission to a licensed methadone detoxification program.
DIMENSION II	
1. Patient does not demonstrate the presence of any physical/mental health conditions or complications to the extent that: - hospitalization is required per physician's screen or consultation - a significant medical or safety risk to the patient or others would be present if substance use/abuse recurs, AND the patient is identified as being at high risk of relapse (UNLESS CONCURRENTLY TREATED IN RESIDENTIAL OR INPATIENT TREATMENT SERVICE) - there is a risk of seizure based upon a history of recent seizure occurrence - impaired cognitive status requires 24 hour per day monitoring in order to promote treatment progress/recovery	
2. Emergency medical services are available within a reasonable geographical area, in the event that the patient's general medical condition were to worsen.	
3. Patient's psychiatric and cognitive status sufficiently allow him/her to understand and/or independently participate in Ambulatory Withdrawal Service.	

**LEVEL D-2
AMBULATORY WITHDRAWAL SERVICE**

ASSETS (Continued)

NEEDS (Continued)

4. Patient is not evidencing an altered mental status (particularly critical in patients over age 60) and is not known or suspected to be under the influence of mood altering substances, to the extent that participation in Ambulatory Withdrawal Service is contraindicated. Examples of this include:
- disorientation
 - incoherence
 - falls

DIMENSION III

1. Patient demonstrates treatment acceptance or willingness to comply to the extent that Ambulatory Withdrawal Service is likely to be completed successfully.

DIMENSION V

1. Patient has family and/or community support systems which have the capacity and willingness to understand withdrawal care instructions and to assist the patient in safely completing withdrawal.
2. There are no other members of the patient's living environment who exhibit abusive behaviors (physical/sexual) which would impair the patient's ability to focus on treatment/recovery goals because of safety concerns **(UNLESS CONCURRENTLY TREATED IN RESIDENTIAL OR INPATIENT TREATMENT SERVICE)**.

B. OTHER REASONS TO DISCHARGE

1. Patient exhibits clinical improvement with appropriate treatment and withdrawal symptoms in the **minimal** range for at least 24 hours.
2. Patient exhibits clinical improvement with appropriate treatment and opiate withdrawal symptoms below a **Grade 2** range for at least 24 hours.
3. Patient does not follow through with scheduled appointments.

LEVEL D-3

MEDICALLY MONITORED, NON-AMBULATORY WITHDRAWAL SERVICE

A 24 hour per day withdrawal monitoring and withdrawal service provided in a non-ambulatory setting, by a multi-disciplinary team of health care professionals, including 24 hour nursing care under the supervision of a physician.

ASSETS <u>All of the following assets must be present.</u>	NEEDS <u>One or more of the following needs must be present.</u>
A. PLACEMENT CRITERIA	
DIMENSION I	
1. Patient is not evidencing any signs and/or symptoms of delirium.	1. Patient is incapacitated.
2. Patient is not evidencing alcohol and/or sedative withdrawal symptoms in the severe range.	2. Patient is evidencing alcohol and/or sedative withdrawal symptoms in the moderate range.
3. Patient is not evidencing opiate withdrawal symptoms in a Grade 4 range.	3. Although the patient is not currently evidencing severe withdrawal symptoms, there is a risk of severe withdrawal based upon: <ul style="list-style-type: none"> - a history of seizures - hallucinations - myoclonic contractions - delirium tremens during withdrawal from similar amounts of alcohol, other sedatives and/or hypnotic drugs in the past - a history of suicidal behavior during previous episodes of stimulant withdrawal
4. Patient's withdrawal symptoms in the moderate range have stabilized or decreased by the end of a period of observation and monitoring, which may be up to 23 hours.	4. Patient is evidencing opiate withdrawal symptoms in a Grade 3 range.
	5. Patient has recent involvement in Medically Managed Inpatient Detoxification Service, with clinical improvement to the extent that: <ul style="list-style-type: none"> - withdrawal symptoms have improved to a range of moderate or below for eight consecutive hours - opiate withdrawal symptoms have improved to a range of Grade 3 or below for eight consecutive hours
	6. Patient is receiving withdrawal management which requires medical monitoring (e.g., pharmacological induction of opiate withdrawal via use of antagonist medication).
	7. Recent generalized convulsion, best explained by alcohol and/or sedative withdrawal.
DIMENSION II	
1. Patient does not demonstrate the presence of any physical/mental health conditions or complications which require hospitalization. Some examples of such conditions may include: <ul style="list-style-type: none"> - stupor or coma - multiple seizures - delirium tremens - significant disulfiram-ethanol reaction - recent (within 24 hours) serious head trauma or loss of consciousness - drug overdose compromising mental status, cardiorespiratory function, or vital signs - imminent (impending) danger to self or others - signs of substance-induced psychosis given history of recent ingestion of PCP, cocaine, or other stimulants 	

<p>LEVEL D-3 MEDICALLY MONITORED, NON-AMBULATORY WITHDRAWAL SERVICE</p>

<p>B. OTHER REASONS TO DISCHARGE</p>

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| <p>1. Patient has recovered from incapacitation.</p> |
| <p>2. Patient evidences clinical improvement with appropriate treatment and withdrawal symptoms in the <i>mild</i> range or below for twelve consecutive hours.</p> |
| <p>3. Patient evidences clinical improvement with appropriate treatment and opiate withdrawal symptoms in a Grade 2 range or below for twelve consecutive hours.</p> |

LEVEL D-4 MEDICALLY MANAGED INPATIENT DETOXIFICATION SERVICE A 24 hour per day observation and monitoring detoxification service in a hospital setting, with 24 hour nursing care, physician management and all the resources of a general or specialty hospital setting.	
ASSETS <u>All of the following assets must be present.</u>	NEEDS <u>One or more of the following needs must be present.</u>
A. PLACEMENT CRITERIA	
DIMENSION I	
	1. Patient is evidencing alcohol and/or sedative withdrawal in the severe range, as manifested by signs and/or symptoms of delirium. 2. Patient is evidencing alcohol and/or sedative withdrawal symptoms in the severe range. 3. Patient is evidencing opiate withdrawal symptoms in a Grade 4 range.
DIMENSION II	
	1. Patient has demonstrated the presence of physical/mental health conditions or complications which require hospitalization per physician screen or consultation.
B. OTHER REASONS TO DISCHARGE	
1. Resolution of physical/mental health conditions or complications which required hospitalization.	
2. Patient evidences clinical improvement with appropriate treatment and withdrawal symptoms in the moderate range or below for eight consecutive hours.	
3. Patient evidences clinical improvement with appropriate treatment and opiate withdrawal symptoms in a Grade 3 range or below for eight consecutive hours.	

Wisconsin Uniform Placement Criteria WI-UPC

**ADULT
ASSETS AND NEEDS CRITERIA**

for

REHABILITATION SERVICES

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Level 1A Transition Residential Treatment Service	
ASSETS All of the following assets must be present	NEEDS One or more of the following needs must be present
A. PLACEMENT CRITERIA	
Dimension I	
1. Patient is not functionally impaired due to intoxication or incapacitation	
2. Patient is not evidencing opiate withdrawal symptoms in the Grade 2 range, UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE.	
3. Patient is not evidencing opiate withdrawal symptoms in the Grade 3 or above range.	
4. Patient is not evidencing alcohol and/or sedative withdrawal in the mild range UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE.	
5. Patient is not evidencing alcohol and/or sedative withdrawal in the moderate range or above.	
6. Available information (self report or collateral source, including patient records) does not indicate a history of moderate or above withdrawal following episodes of alcohol and/or sedative use similar to the one currently described.	
7. The patient reports having experienced some substance free intervals (24 consecutive hours) over the past 30 to 60 days.	
Dimension II	
1. Any physical/mental health condition(s) requiring care can be safely and effectively addressed in coordination with TRS.	1. Patient has physical/mental health conditions or complications which, while under the influence of substance(s) create a danger to self or others AND patient is at high risk of relapse.
2. Patient demonstrates cognitive ability to the extent that s/he is able to comprehend, understand and participate in a Transitional Residential Treatment Service.	2. Patient requires 24 hour therapeutic milieu in order to maintain stability in regard to physical/mental health conditions. Some examples may include: <ul style="list-style-type: none">• moderate or ongoing depression• occasional suicidal ideation• physical condition for which patient does not consistently follow prescribed or recommended care
3. Patient does not demonstrate the presence of any psychiatric condition(s) which creates a significant safety risk to self or others.	3. Patient requires 24 hour therapeutic milieu in order to maintain cognitive stability.
4. Patients admitted to this level of care shall have been involved, or are currently involved in one or more of the four levels of primary rehabilitation services (Level 1 - Level 4) within the past 12 months, OR shall have an extensive lifetime treatment history and has experienced multiple detox episodes during the past year.	4. Although the patient has been involved in TRS, s/he has not yet demonstrated the ability to recognize the severity of his/her substance use problem sufficiently to promote treatment progress/recovery goals on an ambulatory basis.
	5. Patient requires frequent cognitive reinforcement of treatment goals and objectives in order to maintain and progress in recovery.
	6. Although the patient has been involved in TRS, s/he has not yet demonstrated the ability to recognize that some life problems are attributable to substance use sufficiently to promote treatment progress/recovery on an ambulatory basis.

Level 1A Transition Residential Treatment Service	
ASSETS (Continued)	NEEDS (Continued)
Dimension III	
1. Any emotional condition(s) and/or behavioral patterns requiring care can be safely and effectively addressed in coordination with TRS.	1. Patient requires 24 hour therapeutic milieu in order to maintain stability in regard to emotional status and/or behavioral patterns. Some examples may include: <ul style="list-style-type: none"> • self-mutilating behaviors • compulsive behaviors which present a significant safety risk to self or others
2. Patient does not demonstrate the presence of any emotional condition(s) or behavioral patterns which creates a significant safety risk to self or others.	2. Patient has evidenced an inability to apply the life skills necessary to maintain the recovery program without frequent interventions to reinforce the daily coping or living skills to allow the patient to function independently. 3. Patient's emotional status and/or behavioral patterns, while under the influence of substances, create a danger to self or others AND patient is at high risk of relapse.
Dimension IV	
1. Patient demonstrates an ability and a degree of willingness to participate in TRS substance free.	1. Patient demonstrates an inability to manage life stressors to the extent that s/he is at high risk of relapse without ongoing interventions in a 24 hour therapeutic milieu as evidenced by prior treatment history. This inability significantly interferes with his/her ability to maintain and/or progress with recovery.
2. Although patient may experience relapse while in this level of care, s/he continues to demonstrate a degree of willingness to maintain and/or progress with treatment goals and recovery.	2. Patient has demonstrated an inability to remain consistently abstinent during the past 30 to 60 days, and the patient has been determined to have reached the maximum therapeutic benefit at more clinically intense levels of care.
Dimension V	
	1. Patient or a collateral source reports that other members of the patient's living environment exhibit abusive behaviors, (physical/sexual) such that safety concerns significantly interfere with his/her ability to engage and progress with treatment goals/recovery on an ambulatory basis.
	2. The patient's living environment purposely or unintentionally sabotages (e.g. substance use triggers/cues, ongoing substance use/abuse) treatment goals/recovery AND friends, family or co-workers are not supportive of patient's recovery efforts, and the patient is unable to maintain recovery goals in a non-residential setting.
	3. Although the patient has been involved in TRS, s/he has not yet demonstrated the ability to apply essential skills necessary to maintain adequate abstinence on an ambulatory basis.
B. OTHER REASONS FOR DISCHARGE	
1. Patient has been actively involved in TRS and, despite revisions to the treatment plan, has been determined to have reached the maximum therapeutic benefit of this level of care.	
2. The patient has developed, or has had identified physical/mental health conditions or complications which require hospitalization.	

**LEVEL 1
OUTPATIENT TREATMENT SERVICE**

An ambulatory treatment service totaling less than twelve hours of clinical services per week.

ASSETS <u>All of the following assets must be present.</u>	NEEDS <u>One or more of the following needs must be present.</u>
A. PLACEMENT CRITERIA	
DIMENSION I	
<ol style="list-style-type: none"> 1. Patient is not functionally impaired due to intoxication or incapacitation. 2. Patient is not evidencing opiate withdrawal symptoms in the Grade 2 range, UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE. 3. Patient is not evidencing opiate withdrawal symptoms in the Grade 3 or above range. 4. Patient is not evidencing alcohol and/or sedative withdrawal in the mild range, UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE. 5. Patient is not evidencing alcohol and/or sedative withdrawal in the moderate range or above. 6. Available information (self report or collateral source, <i>including patient records</i>) does not indicate a history of moderate or above withdrawal following episodes of alcohol and/or sedative use similar to the one currently described. 7. The patient reports having experienced some substance free intervals (24 consecutive hours) over the past 30 to 60 days. 	
DIMENSION II	
<ol style="list-style-type: none"> 1. Any physical/ mental health conditions or complications requiring care can be safely and effectively addressed in coordination with Outpatient Treatment Service. 2. Patient does not demonstrate the presence of any physical/mental health conditions or complications which create a significant medical or safety risk to self or others if use/abuse recurs, OR If conditions are present, s/he is not identified as being at high risk of relapse 3. Patient demonstrates cognitive ability to the extent that s/he is able to comprehend, understand and participate in Outpatient Treatment Service. 4. Patient has demonstrated that s/he is able to maintain psychiatric stability for more than consecutive 72 hours during the past 30 days. 	<ol style="list-style-type: none"> 1. The patient's mental health conditions or complications require monitoring and intervention (less than 12 hours weekly) in order to maintain and/or progress with recovery; i.e., patient has demonstrated that s/he is able to maintain psychiatric stability for more than 72 consecutive hours, but not more than seven consecutive days, during the past 30 days. 2. Although the patient has been involved in Outpatient Treatment Service, s/he has not yet sufficiently demonstrated an acquisition of alternative thinking patterns to the extent that: <ul style="list-style-type: none"> - a self-directed recovery plan (without periodic professional services) would be likely to allow the patient to maintain continued abstinence and recovery goals 3. Although the patient has been involved in Outpatient Treatment Service s/he has not yet sufficiently demonstrated the ability to recognize that some life problems are attributable to substance use/abuse to the extent that: <ul style="list-style-type: none"> - a self-directed recovery plan (without periodic professional services) would be likely to allow the patient to maintain continued abstinence and recovery goals 4. Although the patient has been involved in Outpatient Treatment Services, s/he has not yet sufficiently demonstrated alternative lifestyle choices to the extent that: <ul style="list-style-type: none"> - a self-directed recovery plan (without periodic professional services) would be likely to allow the patient to maintain continued abstinence and recovery goals

LEVEL 1 OUTPATIENT TREATMENT SERVICE	
ASSETS (Continued)	NEEDS (Continued)
DIMENSION III	
1. Patient has demonstrated that s/he is able to maintain emotional/behavioral stability for more than 72 consecutive hours during the past 30 days.	1. Patient's emotional status and/or behavioral patterns require monitoring and intervention (less than 12 hours weekly) in order to promote treatment progress/recovery; i.e., patient has demonstrated that s/he is able to maintain emotional/behavioral stability for more than 72 consecutive hours, but not more than seven consecutive days during the past 30 days.
DIMENSIONS IV	
1. Patient has demonstrated an ability and willingness to consistently attend outpatient treatment sessions substance free.	1. Patient has demonstrated that s/he is unable to remain substance free for more than seven consecutive days during the past 30 days.
	2. Patient has demonstrated that s/he is unable to avoid relapse due to his/her lack of coping/daily living skills, and this combination significantly interferes with his/her ability to maintain and/or progress with recovery.
	3. The patient has demonstrated that she is unable to be completely substance free during current pregnancy.
	4. Patient demonstrates preoccupation with substance use to the extent that s/he is at high risk of relapse, which significantly interferes with his/her ability to maintain and/or progress with recovery.
	5. Patient demonstrates lack of appropriate reaction to life stressors to the extent that s/he is at high risk of relapse, which significantly interferes with his/her ability to maintain and/or progress with recovery.
DIMENSION V	
1. The psychosocial recovery environment makes outpatient treatment feasible because one or more of the following is true: - coercion for treatment participation from the workplace, the legal system, or the social welfare system is concordant with treatment goals - transportation or child care barriers to treatment are not insurmountable - patient has personal support for recovery efforts from friends, family or co-workers - patient's living and/or work environment are free of treatment/recovery sabotage (e.g. substance use triggers/cues, ongoing substance use/abuse)	1. Patient's friends, family or co-workers are not supportive of patient's recovery efforts.
2. The patient's living environment is free of safety risk factors which significantly interfere his/her ability to engage and progress with treatment goals/recovery on an ambulatory basis. One example of a significant safety risk factors is: - presence of other members of the patient's living environment who exhibit abusive behaviors, (physical/ sexual)	2. Patient's living and/or work environment purposely or unintentionally sabotages (e.g. substance use triggers/cues, ongoing substance use/abuse) treatment goals/recovery; HOWEVER , the patient has some personal recovery support from friends, family or co-workers .
B. OTHER REASONS FOR DISCHARGE	
1. Patient has been involved in Outpatient Treatment Service, and despite revisions in the treatment plan has been determined to have: - reached maximum therapeutic benefit of this level of care, OR - an inability to maintain current level of functioning without further clinical deterioration at this level of intensity and frequency of services	
2. Though the patient has been recently involved in an Outpatient Treatment Service he/she has experienced repeated relapse, despite amendments in the treatment plan to address relapse prevention.	

**LEVEL 2
DAY TREATMENT SERVICE**

A medically-monitored structured ambulatory treatment service. Day Treatment Service consists of regularly scheduled (minimum 12 hours per week which consists of at least 3 hours a day, 4 days a week) treatment rehabilitation services.

ASSETS

All of the following assets must be present..

NEEDS

One or more of the following needs must be present.

A. PLACEMENT CRITERIA

DIMENSION I

1. Patient is not functionally impaired due to intoxication or incapacitation.
2. Patient is not evidencing opiate withdrawal symptoms in the **Grade 2** range, **UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE.**
3. Patient is not evidencing opiate withdrawal symptoms in the **Grade 3** or above range.
4. Patient is not evidencing alcohol and/or sedative withdrawal in the **mild** range, **UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE.**
5. Patient is not evidencing alcohol and/or sedative withdrawal in the **moderate** range or above.
6. Available information (self report or collateral source, **including patient records**) does not indicate a history of **moderate** or above withdrawal following episodes of alcohol and/or sedative use similar to the one currently described.
7. The patient reports having experienced **some** substance free intervals (24 consecutive hours) over the past 30 to 60 days.

DIMENSION II

- | | |
|--|---|
| <ol style="list-style-type: none"> 1. Any physical and/or psychiatric condition(s) requiring care can be safely and effectively addressed in coordination with Day Treatment Service. | <ol style="list-style-type: none"> 1. Patient's mental health conditions or complications require frequent (minimum of 12 hours weekly) intervention in order to promote treatment progress/recovery, i.e. patient has demonstrated s/he is able to maintain psychiatric stability for more than 24 hours, but not more than 72 consecutive hours during the past 30 days. |
| <ol style="list-style-type: none"> 2. Patient does not demonstrate the presence any physical/mental health conditions or complications which create a significant medical or safety risk to self or others if use/abuse recurs, OR
If conditions are present, s/he is not identified as being at high risk of relapse. | <ol style="list-style-type: none"> 2. Patient's cognitive status requires intensive and frequent (minimum of 12 hours weekly) intervention in order to promote treatment progress/recovery. Some examples of impaired cognitive status or thinking errors may include: <ul style="list-style-type: none"> - inability to recognize the need for change in some life areas in order to achieve recovery goals - inability to link obvious problems/consequences with substance use/abuse |
| <ol style="list-style-type: none"> 3. Patient demonstrates cognitive ability to the extent that s/he is able to comprehend, understand and participate in Day Treatment Service. | <ol style="list-style-type: none"> 3. Although the patient has been involved in Day Treatment Service s/he has not yet sufficiently demonstrated the acquisition of alternative thinking patterns to the extent that: <ul style="list-style-type: none"> - a recovery plan (with professional interventions provided at the frequency of less than 12 hours weekly) would be likely to allow the patient to maintain abstinence and recovery goals |

**LEVEL 2
DAY TREATMENT SERVICE**

ASSETS (Continued)	NEEDS (Continued)
4. Patient demonstrates the ability to maintain psychiatric stability for more than 24 consecutive hours during the past 30 days.	4. Although the patient has been involved in Day Treatment Service s/he has not yet sufficiently demonstrated the ability to recognize that some life problems are attributable to substance use/abuse to the extent that: - a recovery plan (with professional interventions provided at the frequency of less than 12 hours weekly) would be likely to allow the patient to maintain abstinence and recovery goals
	5. Although the patient has been involved in Day Treatment Services, s/he has not yet sufficiently demonstrated alternative lifestyle choices to the extent that: - a recovery plan (with professional interventions provided at the frequency of less than 12 hours weekly) would be likely to allow the patient to maintain abstinence and recovery goals
DIMENSION III	
1. Any emotional conditions and/or behavioral patterns which may require care can be safely and effectively addressed in coordination with Day Treatment Service.	1. Patient's emotional status and/or behavioral patterns require intensive and frequent (minimum of 12 hours weekly) intervention in order to promote treatment progress/recovery; i.e., patient has demonstrated s/he is able to maintain emotional/behavioral stability for more than 24 consecutive hours, but not more than 72 consecutive hours during the past 30 days. Impaired emotional status may include intense fear, anger or anxiety.
2. Patient demonstrates the ability to maintain emotional/behavioral stability for more than 24 consecutive hours during the past 30 days.	
DIMENSION IV	
1. Patient demonstrates an ability and willingness to consistently attend day treatment sessions substance free.	1. Patient has been involved in Outpatient Treatment Service and, even though amendments were made to the treatment plan (i.e., to enhance recognition of relapse cues and to encourage a decrease in involvement with substance-using individuals from previous social network) there is a presence of increased risk of return to active substance use/abuse as identified by: - persistent inability to recognize relapse cues/triggers - difficulty postponing immediate gratification and related drug-seeking behavior - increased ambivalence about maintaining abstinence and about maintaining involvement in treatment
	2. Patient has demonstrated a consistent inability to attend outpatient treatment sessions substances free, despite amendments in the treatment plan to address relapse.
	3. The patient does not yet demonstrate the ability to apply essential skills necessary to maintain abstinence through a recovery plan (with professional interventions provided at the frequency of less than 12 hours weekly) that would be likely to allow the patient to maintain abstinence and recovery goals.
	4. Patient has demonstrated that s/he is unable to remain substance free for more than 72 consecutive hours during the past 30 days, despite one or more interventions, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery.

**LEVEL 2
DAY TREATMENT SERVICE**

ASSETS (Continued)	NEEDS (Continued)
	5. Although the patient has been involved in Day Treatment Service, s/he has not yet demonstrated the ability to apply essential skills to the extent that: <ul style="list-style-type: none"> - a recovery plan (with professional interventions provided at the frequency of less than 12 hours weekly) would be likely to allow the patient to maintain abstinence and recovery goals
DIMENSION V	
	1. Patient's living environment purposely or unintentionally sabotages (e.g. substance use triggers/cues, ongoing substance use/abuse), treatment goals/recovery AND friends, family or co-workers are not supportive of patient's recovery efforts.
B. OTHER REASONS FOR DISCHARGE	
1. Patient has been involved in Day Treatment Service, and despite revisions in the treatment plan has been determined to have: <ul style="list-style-type: none"> - reached maximum therapeutic benefit of this level of care, OR - an inability to maintain current level of functioning without further clinical deterioration at this level of intensity and frequency of services 	
2. Though the patient has been recently involved in an Day Treatment Service he/she has experienced repeated relapse, despite amendments in the treatment plan to address relapse prevention.	

**LEVEL 3
RESIDENTIAL TREATMENT SERVICE**

A community or hospital based 24 hour non-ambulatory treatment service which includes observation and monitoring under the supervision of a physician.

ASSETS <u>All of the following assets must be present.</u>	NEEDS <u>One or more of the following needs must be present.</u>
A. PLACEMENT CRITERIA	
DIMENSION I	
<ol style="list-style-type: none"> 1. Patient is not functionally impaired due to intoxication or incapacitation. 2. Patient is not evidencing opiate withdrawal symptoms in the Grade 1 or Grade 2 range, UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE. 3. Patient is not evidencing opiate withdrawal symptoms in the Grade 3 or above range. 4. Patient is not evidencing alcohol and/or sedative withdrawal in the mild range or below, UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE. 5. Patient is not evidencing alcohol and/or sedative withdrawal in the moderate range or above. 6. Available information (self report or collateral source, including patient records) does not indicate a history of moderate or above withdrawal following episodes of alcohol and/or sedative use similar to the one currently described. 	
DIMENSION II	
<ol style="list-style-type: none"> 1. Any physical/mental health condition(s) requiring care can be safely and effectively addressed in coordination with Residential Treatment Service. 	<ol style="list-style-type: none"> 1. Patient has physical/mental health conditions or complications which, while under the influence of substance(s) create a danger to self or others AND patient is at high risk of relapse. 2. Patient's physical/mental health conditions or complications require 24 hour per day monitoring and intervention in order to promote treatment progress/recovery; i.e., patient has demonstrated that s/he is unable to maintain psychiatric stability for more than 24 consecutive hours during the past 30 days. Some examples are: <ul style="list-style-type: none"> - severe depression - suicidal thinking or ideation - serious physical condition for which patient does not follow prescribed or recommended care 3. Patient's cognitive status requires 24 hour per day monitoring and intervention in order to promote treatment progress/recovery. 4. Although the patient has been involved in Residential Treatment Service, s/he has not yet demonstrated the ability to recognize the severity of his/her substance use problem sufficiently to promote treatment progress/recovery goals on an ambulatory basis. 5. Although the patient has been involved in Residential Treatment Services, s/he has not yet demonstrated the ability to recognize that some life problems are attributable to substance use sufficiently to promote treatment progress/recovery goals on an ambulatory basis.

**LEVEL 3
RESIDENTIAL TREATMENT SERVICE**

ASSETS (Continued)

NEEDS (Continued)

DIMENSION III

1. Any emotional conditions and/or behavioral patterns which may require care can be safely and effectively addressed in coordination with Residential Treatment Service.

1. Patient's emotional status and/or behavioral patterns requires 24 hour per day monitoring and intervention in order to promote treatment progress/recovery; i.e., patient has demonstrated that s/he is unable to maintain emotional/behavioral stability for more than 24 consecutive hours during the past 30 days. Some examples may include:

- self-mutilating behaviors
- compulsive behaviors which present a significant safety risk to self or others

2. Patient's emotional status and/or behavioral patterns, while under the influence of substances, create a danger to self or others **AND** patient is at high risk of relapse.

DIMENSION IV

1. Patient has demonstrated that s/he is unable to remain substance free for 24 consecutive hours during the past 30 days despite one or more interventions, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery.

2. Patient has demonstrated s/he is consistently unable to attend day treatment sessions substance free, which significantly interferes with his/her ability to engage and progress with treatment goals and recovery.

DIMENSION V

1. Patient or a collateral source reports that other members of the patient's living environment exhibit abusive behaviors, (physical/sexual) such that safety concerns significantly interfere with his/her ability to engage and progress with treatment goals/recovery on an ambulatory basis.

2. Although the patient has been involved in Residential Treatment Services, s/he has not yet demonstrated the ability to apply essential skills necessary to maintain adequate abstinence on an ambulatory basis.

B. OTHER REASONS FOR DISCHARGE

1. Patient has been actively involved in Residential Treatment Service and, despite revisions in the treatment plan, has been determined to have reached the maximum therapeutic benefit of this level of care.

2. The patient has developed, or has had identified physical/mental health conditions or complications which require hospitalization.

**LEVEL 4
INPATIENT TREATMENT SERVICE**

Inpatient treatment service is provided in a general or specialty hospital with 24 hour nursing care, physician management and availability of all the resources of a hospital.

ASSETS

All of the following assets must be present.

NEEDS

The following need must be present.

A. PLACEMENT CRITERIA

DIMENSION I

1. Patient is not functionally impaired due to intoxication or incapacitation.
2. Patient is not evidencing opiate withdrawal symptoms in the **Grade 2** range, **UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE.**
3. Patient is not evidencing opiate withdrawal symptoms in the **Grade 3** or above range.
4. Patient is not evidencing alcohol and/or sedative withdrawal in the **mild** range, **UNLESS PATIENT IS BEING TREATED CONCURRENTLY FOR THAT CONDITION IN AMBULATORY WITHDRAWAL SERVICE.**
5. Patient is not evidencing alcohol and/or sedative withdrawal in the **moderate** range or above.
6. Available information (self report or collateral source, **including patient records**) does not indicate a history of **moderate** or above withdrawal following episodes of alcohol and/or sedative use similar to the one currently described.

DIMENSION II

1. Presence of physical/mental health condition(s) which require hospitalization per physician screen or consultation.

B. OTHER REASONS FOR DISCHARGE

1. Resolution or stabilization of physical mental health condition(s) which require hospitalization.